

**WOMEN'S MISSIONARY SOCIETY
AFRICAN METHODIST EPISCOPAL CHURCH**

APPLICATION FOR LIFE MEMBERSHIP

NAME _____

PLEASE PRINT LEGIBLY

ADDRESS _____

STREET

CITY

ST

ZIP

TELEPHONE #(____) _____

FAX #(____) _____

E-MAIL _____

NAME OF CONFERENCE BRANCH _____

CHRONOLOGY OF MEMBERSHIP:

Became a member of Senior Society _____ (year).

List of churches and Missionary Societies served (use an additional sheet if necessary)

NAME OF CHURCH

PASTOR

SOCIETY

YEAR

List of Meritorious Service (use an additional sheet if necessary)

Is Applicant replacing a deceased Life Member in Conference Branch? ___ Yes ___ No NAME _____

LOCAL PRESIDENT _____

PRINT NAME

SIGNATURE

PASTOR _____

PRINT NAME

SIGNATURE

Conference President _____

Date _____

Episcopal District President _____

Date _____

Episcopal District Supervisor _____

Date _____

Presiding Bishop _____

Date _____

\$ _____ LIFE MEMBERSHIP FEE ENCLOSED (\$250.00 Districts 1 - 13 - \$100.00 Districts 14 - 20)